

**Applicant:** Shelton et al.  
**Serial No.:** Unassigned  
**Filing Date:** June 8, 2006  
**Title:** Telemetry Method and  
Apparatus for Ambulatory Medical Device  
**Group Art Unit:** Unassigned  
**Examiner:** Unassigned

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Sir:

In accordance with 37 C.F.R. § 1.56, the references listed on the attached Form PTO-SB08 are being brought to the attention of the examiner for consideration in connection with the examination of the above-identified patent application. Required copies of the cited documents are enclosed. It is respectfully requested that the examiner indicate consideration of the cited references by returning a copy of the attached form PTO-SB08 with initials or other appropriate marks, and that the references be made of record as cited references in the application.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 C.F.R. § 1.97(g)), as an admission that the information cited is, or is considered to be, material to patentability, or that no other material information exists. The filing of this information disclosure statement shall not be construed as an admission against interest in any manner.

Respectfully submitted,

June 8, 2006  
Date

/Craig A. Slavin/  
Craig A. Slavin, Reg. No. 35,362  
Attorney for Applicant

**Henricks, Slavin & Holmes LLP**  
840 Apollo Street, Suite 200  
El Segundo, CA 90245  
(310) 563-1458, (310) 563-1460 (Facsimile)

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| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b> | <b>Complete if Known</b> |                        |
|  | Application No.          | Unassigned             |
|  | Filing Date              | June 8, 2006           |
|  | Inventor                 | Shelton et al.         |
|  | Art Unit                 | Unassigned             |
|  | Examiner                 | Unassigned             |
| Sheet 1 of 1   | Atty. Docket No.         | 0158-040 (06-00385-01) |

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|-----------------------|------------------|--------------------|------------|
| Examiner<br>Signature | /Mark Bockelman/ | Date<br>Considered | 06/19/2010 |
|-----------------------|------------------|--------------------|------------|